PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10748724

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			7					RATE FE		7	RATE	FEE
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	l -	OR	BASIC FEE	770.00
-	TAL CHARGE	ARIE CLAIMS	7-		*	7)		\				
-			minus 20=		* 3			X\$ 9=	· .	OR	X\$18=	
—	DEPENDENT CI		minus 3 =		0		•	X43=	<u> </u>	OR	X86=	
L	JLTIPLE DEPEN						+145=		OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in			olumn 2		TOTAL		OR	TOTAL	7-70.
CLAIMS AS AMENDED - PART II											OTHER	
(Column 1) CLAIMS			(Colum			(Column 3)	1	SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus			=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE			ADDIT. FEE	
AMENDMENT B	-	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	FEE	OR	X\$18=	_ FEE
	Independent	*	Minus	***		=						
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	X86=	
								+145=		OR	+290=	•
								TOTAL ADDIT. FEE	1	OR	TOTAL ADDIT. FEE	••
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=	·	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		l		
* 1:	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT, FEE	
		ber Previously Paid					r fou	ınd in the app	ropriate box	in col	umn 1.	